

# VETERINARY SERVICES APPRAISAL AND INDEMNITY CLAIM FOR

## GAL NAME AND MAILING ADDRESS OF OWNER CLAIMANT (Firm, and Street, or R. F. D. No., City and Zip Code) (Type or

8. IF JOINT OWNERSHIP GIVE FULL NAME OF ALL OWNERS (if SAME as Item 6, so state) (Not necessary if a Corporation)

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**GRAND TOTALS (Basis For Payment)**  
(Includes all attached VS Forms 1-23A)

SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS.

I certify that the animals and/or materials identified in this claim are (initials) \_\_\_\_\_ are not (initials) \_\_\_\_\_ mortgaged. I further certify that I own or am authorized to represent the owner of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials.

**31. DATE SIGNED**

33. IF MORTGAGED FEDERAL INSURANCE CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO (check one)

☐ OWNER (Mortgagor in Item 6) ☐ MORTGAGEE (in Item 34)

35. SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE IN  
ITEM 34

37. DATE

45. DATE